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Long Term Care Highlights



North Dakota Department of Health
Division of Health Facilities

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Effective Resident/Family Councils

By Nancy Gordon, LCSW
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The federal regulations pertaining to resident and family council are F243 and F244.

CFR 483.15(c) F243 "Participation in resident and family groups," states: "A resident has the right to organize and participate in resident groups in the facility, and a resident's family has the right to meet in the facility with the families of other residents in the facility." The facility must provide residents and families with a private space to meet and a staff person responsible for assisting the groups. Councils may require assistance with responding to written requests that result from the meetings, typing the minutes, or communicating requests/grievances to other staff in the facility. The staff member responsible for assisting with resident/family councils may attend council meetings only by group invitation. Residents and families have the right to meet in private if they choose.

F244 states: "When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations ..." It is important that facilities maintain accurate minutes of each meeting and that these minutes reflect the concerns or recommendations voiced during the meetings. It is also important after a concern is aired that the following month's meeting address the follow-up process or result of the concern. During a Medicare/Medicaid survey, the surveyor who conducts the group interview will request a copy of the resident council minutes from the last three to six months. The surveyor will then ask the permission of a resident council officer to read these minutes.

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It is common for a surveyor to see resident council minutes that pertain only to one area of life in the facility such as activities or social services. Sometimes the staff liaison to the council focuses the group solely on its area of expertise. An effective council should incorporate the following key components:

- Allow for input regarding all departments in the facility. Specifically ask them if they have concerns with nursing, dietary, laundry, etc ... Identify problems early and work toward solutions.
- Help improve communication with the facility. Council is the time to relay important information and to address rumors that may be circulating.
- Empower residents/families to speak out and advocate for change. Remind residents not to fear retaliation from staff.
- Educate residents regarding their rights and access to other advocacy groups.

It is important for a facility to keep in mind they do not have to accommodate all recommendations that arise from resident or family councils. However, the facility must listen to group grievances and seriously consider group recommendations for change. Following up on a concern or recommendation may mean developing or changing facility policies, and must include communicating the decision of the facility back to the council.

If your facility is in need of assistance setting up a resident council, please contact your regional ombudsman. The long term care ombudsman programs have Vista workers available to assist your facility.

Sources

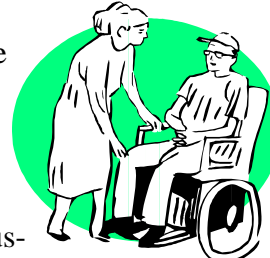
Guidance to Surveyors – Long Term Care Facilities.

Wheelchair Positioning

By Ken Gieser, P.T.

Health Facilities Surveyor

Enabling long term care residents to "... attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care" (F309) can be a challenging situation for long term care facilities. This can be especially challenging for proper wheelchair positioning of an increasingly medically complex resident population. Durable medical equipment (DME) providers have been of assistance in meeting the challenge by developing innovative new products and modifications that do not require a custom wheelchair for each resident.



Residents come in all shapes, sizes and needs. When considering a properly fitting wheelchair, the wheelchair must be fit to the resident, **NOT** the resident to the wheelchair. Ideally:

1. The resident should be sitting upright, knees slightly above hips and lower extremities supported so that there are 90 degree angles at the hips, knees and ankles.
2. The wheelchair seat width should allow one hand thickness (palm towards the resident) between the resident and the wheelchair fender.
3. The front of the wheelchair seat should be two finger widths from the resident's calf.

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4. The wheelchair footrest should support the ankle and foot so the foot is flat on the footrest.
5. The wheelchair arm rests should support the resident's forearms and allow the resident's arms at sides, elbows at ninety degree angles and the shoulders in a relaxed position.

Modifications to the ideal wheelchair are required for the wheelchair to fit the resident. The process of proper wheelchair positioning must include assessment, care planning, implementation, documentation and reassessment as the resident's needs change. Questions to be asked may include:

1. If the resident uses his/her feet to propel the wheelchair and does not use lower extremity supports, is the seat at the proper height to allow the 90/90/90 positioning of the hips, knees and ankles?
2. Do full-length wheelchair armrests limit the resident's access to and positioning at the dining room table?
3. Are the resident's knees positioned below the hips, thus increasing the potential shear force on the buttocks and thighs with potential risk of skin breakdown?
4. Does the addition or removal of a seat cushion alter the lower extremities position and increase the potential for shear force?
5. Are the armrests at a height that requires the resident to position his/her arms well away from the trunk or do they hinder the resident from using the armrests at all?

6. Does the resident have sitting posture limited by trunk strength or mobility, which requires additional support and/or modification?

This is not meant to be an all-inclusive checklist for proper wheelchair positioning. Failure to ask these and other questions may result in skin breakdown, resident and/or staff injury, contractures and other negative outcomes. All residents must be assessed to assure that the wheelchairs they are using accommodates their individual needs. This assessment may be carried out and documented by a trained, knowledgeable individual such as a restorative aide, licensed nurse, physical therapist or occupational therapist.



Wheelchair positioning to meet the needs of the individual resident can be challenging. Recent advances in technology and equipment have significantly increased the number of modifications available for wheelchair positioning. This reduces the need for facilities to obtain "custom" wheelchairs. Rehabilitation professionals and DME supplies can provide a wide array of information to assist the facility in meeting the wheelchair positioning needs of its residents. Proper assessment and care planning is essential for effective, efficient use of the facility's resources in meeting this challenge.

Five Steps to Safer Health Care

Centers for Medicare & Medicaid Services

1. **Speak up if you have questions or concerns.**

It is important to ask questions and make sure you understand the answers. Choose a doctor with whom you feel comfortable talking about your health and treatment. Take a relative or friend with you if this will help you ask questions and understand the answers.

2. **Keep a list of all the medicines you take.**

Tell your doctor and pharmacist about the medicines that you take, including over-the-counter medicines such as aspirin and ibuprofen and dietary supplements like vitamins and herbs. Tell them about any drug allergies you have.

Ask your doctor and pharmacist about side effects and what to avoid while taking the medicine. When you get your medicine, read the label, including warnings. Make sure it is what your doctor ordered and that you know how to use it. If the medicine looks different from what you expected, ask the pharmacist about it.

3. **Make sure you get the results of any test or procedure.**

Ask your doctor or nurse when and how you will get the results of tests or procedures. If you do not get them when expected in person, on the phone or in the mail, don't assume the results are fine. Call your doctor and ask for them. Ask what the results mean for your care.

4. **Talk with your doctor and other members of your health care team about your options if you need hospital care.**

If you have more than one hospital to choose from, ask your doctor which one has the best care and results for your condition. Hospitals do a good job of treating a wide range of problems. However, for some procedures (such as heart bypass surgery), research shows results often are better at hospitals that do a lot of these procedures. Also, before you leave the hospital, be sure to ask about follow-up care and that you understand the instructions.

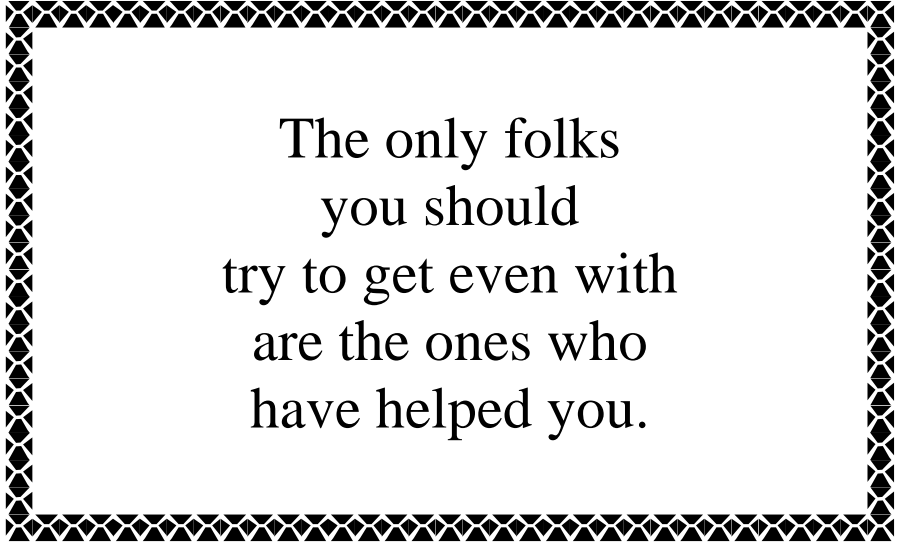
5. **Make sure you understand what will happen if you need surgery.**

Ask your doctor, "Who will take charge of my care while I'm in the hospital?" Ask your surgeon:

- Exactly what will you be doing?
- How long will it take?
- What will happen after the surgery?
- How can I expect to feel during the recovery?

Make sure you, your doctor, and your surgeon all agree on exactly what will be done during the operation. Tell the surgeon, anesthesiologist and nurses if you have allergies or have ever had a bad reaction to anesthesia.





The only folks
you should
try to get even with
are the ones who
have helped you.

Change in E-Mail Address

If your nursing facility e-mail address changes, please notify Cheryl Stockert at cstocker@state.nd.us. The goal is to maintain an up-to-date nursing facility e-mail distribution list. Thank you.

Reminder

The federal server is down the third Tuesday of each month from 6 a.m. to 9 a.m. Central Time for system and database maintenance. You will not be able to transmit data or access reports during this time.



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